Fill in this information to identify your case:

Debtor 1	**Kevin Chung**		
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse if, filing)	First Name	Middle Name	Last Name

United States Bankruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA

Case number   **17-14965-amc**
(if known)

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims AMENDED   12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1:   List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

☑ No. Go to Part 2.

☐ Yes.

Part 2:   List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.

☑ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim
4.1	**Capital One**	$663.00

Nonpriority Creditor's Name	Last 4 digits of account number **4772**
Attn: Bankruptcy	
Po Box 30253	When was the debt incurred? **Opened 04/16 Last Active 02/17**
Salt Lake City, UT 84130	
Number Street City State Zip Code	

Who incurred the debt? Check one.

☑ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

☑ No

☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☑ Other. Specify **Credit Card**

Debtor 1   **Kevin Chung**   Case number (if know)   **17-14965-amc**

4.2			

Central Financial Control
Nonpriority Creditor's Name
P.O. Box 66044
Anaheim, CA 92816-6044
Number Street City State ZIp Code

Who incurred the debt? Check one.

- [x] Debtor 1 only
- [ ] Debtor 2 only
- [ ] Debtor 1 and Debtor 2 only
- [ ] At least one of the debtors and another
- [ ] **Check if this claim is for a community debt**

Is the claim subject to offset?

- [x] No
- [ ] Yes

Last 4 digits of account number   **2185**   **$2,244.48**

When was the debt incurred?   **7/1/2016**

As of the date you file, the claim is: Check all that apply

- [ ] Contingent
- [ ] Unliquidated
- [ ] Disputed

Type of NONPRIORITY unsecured claim:

- [ ] Student loans
- [ ] Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- [ ] Debts to pension or profit-sharing plans, and other similar debts
- [x] Other. Specify   **Medical bill: Hahnemann University Hospital**

4.3			

Citibank
Nonpriority Creditor's Name
PO Box 6500
Sioux Falls, SD 57117
Number Street City State ZIp Code

Who incurred the debt? Check one.

- [x] Debtor 1 only
- [ ] Debtor 2 only
- [ ] Debtor 1 and Debtor 2 only
- [ ] At least one of the debtors and another
- [ ] **Check if this claim is for a community debt**

Is the claim subject to offset?

- [x] No
- [ ] Yes

Last 4 digits of account number   **$3,251.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- [ ] Contingent
- [ ] Unliquidated
- [ ] Disputed

Type of NONPRIORITY unsecured claim:

- [ ] Student loans
- [ ] Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- [ ] Debts to pension or profit-sharing plans, and other similar debts
- [x] Other. Specify   **Judgement**

4.4			

Credit Collection Services
Nonpriority Creditor's Name
Payment Processing Center
P.O. Box 55126
Boston, MA 02205-5126
Number Street City State ZIp Code

Who incurred the debt? Check one.

- [x] Debtor 1 only
- [ ] Debtor 2 only
- [ ] Debtor 1 and Debtor 2 only
- [ ] At least one of the debtors and another
- [ ] **Check if this claim is for a community debt**

Is the claim subject to offset?

- [x] No
- [ ] Yes

Last 4 digits of account number   **6084**   **$71.42**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- [ ] Contingent
- [ ] Unliquidated
- [ ] Disputed

Type of NONPRIORITY unsecured claim:

- [ ] Student loans
- [ ] Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- [ ] Debts to pension or profit-sharing plans, and other similar debts
- [x] Other. Specify   **Medical bill: Jefferson Health**

Debtor 1   **Kevin Chung**   Case number (if know)   **17-14965-amc**

| 4.5 | **Eos Cca** | Last 4 digits of account number | **7395** | **$226.00** |

Nonpriority Creditor's Name

700 Longwater Dr
Norwell, MA 02061

Number Street City State Zip Code

When was the debt incurred?   **Opened 08/12**

Who incurred the debt? Check one.

☑ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

☑ No
☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify   **Collection Attorney At T Mobility**

| 4.6 | **Hahnemann University Hospital** | Last 4 digits of account number | **5820** | **$727.08** |

Nonpriority Creditor's Name

P.O. Box 741230
Atlanta, GA 30384-1230

Number Street City State Zip Code

When was the debt incurred?   **11/18/2016**

Who incurred the debt? Check one.

☑ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

☑ No
☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify   **Medical bill**

| 4.7 | **Lam Oculofacial Plastic Surgery** | Last 4 digits of account number | **9332** | **$495.80** |

Nonpriority Creditor's Name

1602 Newport Gap Pike
Wilmington, DE 19808

Number Street City State Zip Code

When was the debt incurred?   **7/1/2016 and 11/18/2016**

Who incurred the debt? Check one.

☑ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

☑ No
☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☑ Other. Specify   **Medical bill**

Debtor 1 **Kevin Chung**   Case number (if know)   **17-14965-amc**

| 4.8 | **One Advantage LLC.** | Last 4 digits of account number | **6355** | $95.40 |

Nonpriority Creditor's Name

P.O. Box 23920
Belleville, IL 62223

Number Street City State Zip Code

When was the debt incurred?

Who incurred the debt? Check one.

- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☑ No
- ☐ Yes

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify **Medical bill: Hpsa-Hahnemann Prof Services Anes**

| 4.9 | **Peco Energy** | Last 4 digits of account number | **0603** | $720.35 |

Nonpriority Creditor's Name

2301 Market Street
Philadelphia, PA 19101

Number Street City State Zip Code

When was the debt incurred?   **March, 2017**

Who incurred the debt? Check one.

- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☑ No
- ☐ Yes

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify **Utility Bill**

| 4.10 | **PGW** | Last 4 digits of account number | **0246** | $424.63 |

Nonpriority Creditor's Name

Credit and Collections Department
800 W. Montgomery Avenue, 3rd Floor
Philadelphia, PA 19122

Number Street City State Zip Code

When was the debt incurred?   **March 24, 2017**

Who incurred the debt? Check one.

- ☑ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☑ No
- ☐ Yes

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☑ Other. Specify **Utility Bill**

Debtor 1   **Kevin Chung**   Case number (if know)   **17-14965-amc**

4.1
1

Southwest Credit Systems
Nonpriority Creditor's Name
4120 International Parkway Ste 1100
Carrollton, TX 75007
Number Street City State Zip Code

Who incurred the debt? Check one.
- [✔] Debtor 1 only
- [ ] Debtor 2 only
- [ ] Debtor 1 and Debtor 2 only
- [ ] At least one of the debtors and another
- [ ] **Check if this claim is for a community debt**

Is the claim subject to offset?
- [✔] No
- [ ] Yes

Last 4 digits of account number   **2720** $192.00

When was the debt incurred?   **Opened 02/17 Last Active 11/16**

As of the date you file, the claim is: Check all that apply
- [ ] Contingent
- [ ] Unliquidated
- [ ] Disputed

Type of NONPRIORITY unsecured claim:
- [ ] Student loans
- [ ] Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- [ ] Debts to pension or profit-sharing plans, and other similar debts
- [✔] Other. Specify **Collection Attorney Comcast**

4.1
2

TD Bank, N.A.
Nonpriority Creditor's Name
Attn: Bankruptcy
32 Chestnut St
Lewiston, ME 04243
Number Street City State Zip Code

Who incurred the debt? Check one.
- [✔] Debtor 1 only
- [ ] Debtor 2 only
- [ ] Debtor 1 and Debtor 2 only
- [ ] At least one of the debtors and another
- [ ] **Check if this claim is for a community debt**

Is the claim subject to offset?
- [✔] No
- [ ] Yes

Last 4 digits of account number   **9767** $757.00

When was the debt incurred?   **Opened 6/12/10 Last Active 6/08/12**

As of the date you file, the claim is: Check all that apply
- [ ] Contingent
- [ ] Unliquidated
- [ ] Disputed

Type of NONPRIORITY unsecured claim:
- [ ] Student loans
- [ ] Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- [ ] Debts to pension or profit-sharing plans, and other similar debts
- [✔] Other. Specify **Credit Card**

4.1
3

Toyota Motor credit Corp
Nonpriority Creditor's Name

Po Box 8026
Cedar Rapids, IA 52408
Number Street City State Zip Code

Who incurred the debt? Check one.
- [✔] Debtor 1 only
- [ ] Debtor 2 only
- [ ] Debtor 1 and Debtor 2 only
- [ ] At least one of the debtors and another
- [ ] **Check if this claim is for a community debt**

Is the claim subject to offset?
- [✔] No
- [ ] Yes

Last 4 digits of account number   **0001** $3,068.00

When was the debt incurred?   **Opened 01/10 Last Active 12/22/12**

As of the date you file, the claim is: Check all that apply
- [ ] Contingent
- [ ] Unliquidated
- [ ] Disputed

Type of NONPRIORITY unsecured claim:
- [ ] Student loans
- [ ] Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- [ ] Debts to pension or profit-sharing plans, and other similar debts
- [✔] Other. Specify **2000 Toyota Camry 90,000 miles Fair Condition Repossessed in 2013**

Debtor 1   **Kevin Chung**   Case number (*if know*)   **17-14965-amc**

| 4.1 4 | **Traf Group Inc/A-1 Collections** | Last 4 digits of account number | **3961** | **$267.00** |

Nonpriority Creditor's Name
2297 St Hwy 33
Ste 906
Hamilton Square, NJ 08690
Number Street City State Zlp Code

When was the debt incurred?   **Opened 12/16 Last Active 07/16**

Who incurred the debt? Check one.

- [x] Debtor 1 only
- [ ] Debtor 2 only
- [ ] Debtor 1 and Debtor 2 only
- [ ] At least one of the debtors and another
- [ ] **Check if this claim is for a community debt**

Is the claim subject to offset?

- [x] No
- [ ] Yes

As of the date you file, the claim is: Check all that apply

- [ ] Contingent
- [ ] Unliquidated
- [ ] Disputed

Type of NONPRIORITY unsecured claim:

- [ ] Student loans
- [ ] Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- [ ] Debts to pension or profit-sharing plans, and other similar debts
- [x] Other. Specify **Collection Attorney Lam Oculofacial**

| 4.1 5 | **Water Revenue Bureau** | Last 4 digits of account number | **3001** | **$273.00** |

Nonpriority Creditor's Name
1401 JFK Blvd.
Philadelphia, PA 19102-1663
Number Street City State Zlp Code

When was the debt incurred?

Who incurred the debt? Check one.

- [x] Debtor 1 only
- [ ] Debtor 2 only
- [ ] Debtor 1 and Debtor 2 only
- [ ] At least one of the debtors and another
- [ ] **Check if this claim is for a community debt**

Is the claim subject to offset?

- [x] No
- [ ] Yes

As of the date you file, the claim is: Check all that apply

- [ ] Contingent
- [ ] Unliquidated
- [ ] Disputed

Type of NONPRIORITY unsecured claim:

- [ ] Student loans
- [ ] Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- [ ] Debts to pension or profit-sharing plans, and other similar debts
- [x] Other. Specify **Utility Bill**

| Part 3: | **List Others to Be Notified About a Debt That You Already Listed** |

5. **Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.**

Name and Address
Central Financial Control
P.O. Box 66044
Anaheim, CA 92816-6044

On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.6** of (*Check one*):

- [ ] Part 1: Creditors with Priority Unsecured Claims
- [x] Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number   **7734**

| Part 4: | **Add the Amounts for Each Type of Unsecured Claim** |

6. **Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.**

			Total Claim
Total claims from Part 1	6a. **Domestic support obligations**	6a.	$ 0.00
	6b. **Taxes and certain other debts you owe the government**	6b.	$ 0.00
	6c. **Claims for death or personal injury while you were intoxicated**	6c.	$ 0.00
	6d. **Other.** Add all other priority unsecured claims. Write that amount here.	6d.	$ 0.00
	6e. **Total Priority.** Add lines 6a through 6d.	6e.	$ 0.00

			Total Claim
	6f. **Student loans**	6f.	$ 0.00

| Debtor 1 | **Kevin Chung** | | Case number (if know) | **17-14965-amc** |

Total claims from Part 2	6g.	**Obligations arising out of a separation agreement or divorce that you did not report as priority claims**	6g.	$	0.00
	6h.	**Debts to pension or profit-sharing plans, and other similar debts**	6h.	$	0.00
	6i.	**Other.** Add all other nonpriority unsecured claims. Write that amount here.	6i.	$	13,476.16
	6j.	**Total Nonpriority.** Add lines 6f through 6i.	6j.	$	13,476.16